Record of Employee Interview

Department of Housing and Urban Development



abor Standards	OMB Approval No. 2501-0009 (Exp. (4-30-88)			
roject Number	Contractor or Subcontractor (Employer)			
roject Name				
1. Name of Employee				_
2. Home Address and Zip Code				
3. Last Date You Warked on Project Before Teday?	Number of Hours Worked on Project on that Date?			
4. Your Hourly Pay Rate?	\$			
5. Yeur Job Classification(s)?	Apr	rentice?	Yes	No
6. Your Duties?			·	
7. Tools or Equipment Used?				
Paid at Least Time and One-Half for All Hours Worked in Excess of 40 in a Week? (If overtime premium pay is not required, enter "Inapplic	cable")		Yes	No
9. Ever Threatened, Intimidated, or Coerced Into Giving Up Any Part of Pay?				
10. Duties Observed by Interviewer				
-	Conform to Class	sification:	Yes	No
11. Remarks (Continue on reverse if necessary)				
12. Signature of Intervious		Date of Interview) ***
Payroll Examination				
13. Remarks (Continue on reverse if necessary)				